

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE		
							19786532	02-09-71		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51			
2	1						52			
3		2					53			
4		2					54			
5		2					55			
6		1					56			
7		1					57			
8		1					58			
9		2					59			
10		2					60			
11		2					61			
12		1					62			
13		1					63			
14		1					64			
15		1					65			
16		1					66			
17		2					67			
18		2					68			
19		2					69			
20		2					70			
21		2					71			
22		2					72			
23		2					73			
24		2					74			
25		1					75			
26		1					76			
27		1					77			
28		1					78			
29		1					79			
30		1					80			
31		2					81			
32		2					82			
33		2					83			
34		2					84			
35		1					85			
36		1					86			
37		1					87			
38		1					88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	13						TOTAL IND.			
TOTAL DEP.	43						TOTAL DEP.			
TOTAL CLAIMS	56						TOTAL CLAIMS			